

## ARTIFACT SHEET

Enter artifact number below. Artifact number is application number + artifact type code (see list below) + sequential letter (A, B, C ...). The first artifact folder for an artifact type receives the letter A, the second B, etc..

Examples: 59123456PA, 59123456PB, 59123456ZA, 59123456ZB

09124253 ZA

Indicate quantity of a single type of artifact received but not scanned. Create individual artifact folder/box and artifact number for each Artifact Type.

☐

CD(s) containing computer program listing

Doc Code: Computer

Artifact Type Code: P

☐

Stapled Set(s) of Extra Color Drawings/Photographs

Doc Code: Artifact

Artifact Type Code: C

☐

CD(s) containing pages of specification

☐

and/or sequence listing

☐

Doc Code: Artifact

Artifact Type Code: S

☐

CD(s) with content unspecified

Doc Code: Artifact

Artifact Type Code: U

☐

Microfilm(s)

Doc Code: Artifact

Artifact Type Code: F

☐

Video tape(s)

Doc Code: Artifact

Artifact Type Code: V

☐

Model(s)

Doc Code: Artifact

Artifact Type Code: M

☐

Bound Document(s)

Doc Code: Artifact

Artifact Type Code: B

☒

Other, description:

Birth certificate

Doc Code: Artifact

Artifact Type Code: Z



AT THE COPY OF THIS REPORT AND OF THE  
IN THE DIVISION OF VITAL RECORDS,  
DEPARTMENT OF HEALTH AND  
ENVIRONMENTAL CONTROL.

W. B. Woodward, M.D.  
ASSISTANT STATE REGISTRAR

DELAYED

15 047548

1. PLACE OF BIRTH  
County of Saluda  
Township of Ward  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

**Standard Certificate of Birth**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

FILE No.—For State Registrar Only  
**0689**

Registration District No. 3906 Registered No. \_\_\_\_\_  
(For use of Local Registrar)

2. FULL NAME OF CHILD Wilbur Lamar Eidson (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural Births 1 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth July 23 1919  
(Month, day, year)

9. Full name Arthur Roland Eidson FATHER

18. Name before marriage Julia Anne Carley MOTHER

10. Residence (mailing address) (If non-resident, give place and State) Ward, S.C.

19. Residence (mailing address) (If non-resident, give place and State) Ward, S.C.

11. Color or race White 12. Age at last birthday 60 (Years)

20. Color or race White 21. Age at last birthday 32 (Years)

13. Birthplace (city or place) (State or country) Ward, S.C.

22. Birthplace (city or place) (State or country) North Augusta, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail carrier

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Post Office

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P. m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at \_\_\_\_\_ M. on above date. (Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_ (Specify)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) D. B. Kessler, M.D.

or \_\_\_\_\_, Midwife.

Address Ward, S.C.

Filed 2-6-40 Martin B. Woodward, M.D.

Registrar.

Registrar.